



EVALUATION PLAN
NOTICE OF INTENT TO CONDUCT AN
EVALUATION OR REEVALUATION
and
PERMISSION FOR EVALUATION OR REEVALUATION

TO: _____
(Parent / Adult Student)

_____/_____/_____
(Name of Student) Date of Birth

Has been referred for comprehensive evaluation for the following reasons:

The tests and other evaluation procedures to be used to assess your child are marked below:

☐ **ACADEMIC ACHIEVEMENT:** Individually administered diagnostic tests in early literacy, reading, language, math and written language to determine skills in the above areas.

☐ **ASSISTIVE TECHNOLOGY/SERVICES:** Needs for assistive devices and services in order to benefit from special education services.

☐ **BEHAVIORAL:** Assessment and/or observations to identify supports and strategies to address behavioral needs.

☒ **CLASSROOM-BASED ASSESSMENT*:** Involvement and progress in general education curriculum (i.e., reading, math, etc.).

* Required

☐ **COMMUNICATION:** Individual tests of speech and/or receptive and expressive language skills.

☐ **DEVELOPMENTAL:** Individually administered tests and/or structured observations measuring typical child development of preschool-age students or others as appropriate.

☒ **OBSERVATIONS***

☐ **PHYSICAL:** Visual and hearing acuity; gross and fine motor development; orientation/mobility; blindness/visual impairment (need for Braille instruction).

☐ **PSYCHOLOGICAL:** Individually administered intelligence tests and measures of adaptive behavior designed to help determine the student's ability to function in an academic setting.

☐ **SOCIAL/EMOTIONAL:** Checklists, tests and observations to determine social skills and emotional status of the student.

☐ **TRANSITION:** Assessments of training, education, employment, or independent living skills.

☐ **OTHER: (specify)** _____

If you have any questions about your rights, or any part of the Special Education process, please contact your school administrator or cooperative personnel. For assistance in understanding the provisions of the Individuals with Disabilities Education Act (IDEA) you may contact your child's school, the Office of Public Instruction at (406) 444-5661, or the Montana Empowerment Center at 1-877-870-1190. Please respond to this request for Permission for Evaluation as soon as possible.

☐ Permission is **given** to conduct the evaluation. _____
Parent / Adult Student Date

☐ Permission is **denied**. _____
Parent / Adult Student Date

School Contact

Phone Number

Date Sent

Date Returned

For Informational Purposes Only